

APPENDIX 9-3

WDTIP Help Desk Problem Ticket

WDTIP Help Desk Problem Ticket

County Contact: Phone Number: Fax Number: County Name: County Number: Email Address:	
2. Problem Category: Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Date Needed By: _____ <input type="checkbox"/> System Access <input type="checkbox"/> TRAC Screens <input type="checkbox"/> Navigational Features <input type="checkbox"/> Screen and Field Help <input type="checkbox"/> Other _____	
3. Complete if problem is a TRAC Screen: <input type="checkbox"/> TRAC Main Menu <input type="checkbox"/> IINQ Individual Inquiry <input type="checkbox"/> IDET Individual Detail <input type="checkbox"/> ALID Alternate Identity <input type="checkbox"/> KSUM County Summary <input type="checkbox"/> PSUM Program Summary <input type="checkbox"/> DSUM Diversion Summary <input type="checkbox"/> ESUM Exceptions Summary <input type="checkbox"/> TSUM Time Clock Summary <input type="checkbox"/> TCAL TANF 60-Month Calendar <input type="checkbox"/> KCAL CAL 60-Month Calendar <input type="checkbox"/> WCAL WTW 18/24-Month Calendar <input type="checkbox"/> UNCP Non-Cal Participation Update <input type="checkbox"/> UDIV Diversion Update <input type="checkbox"/> UCSR Child Support Reimb Update <input type="checkbox"/> USSO Supportive Service Update	Record Identification Information: A. <u>First and Last Name</u> _____ B. <u>Social Security Number</u> _____ C. <u>CIN:</u> _____ D. <u>County ID</u> _____ E. <u>Aid Codes</u> _____ F. <u>Agency</u> _____
4. Describe Problem: (If possible, please include a screen print of the issue.)	
5. Problem Resolved? Problem resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date Passed to Help Desk: _____	
6. WDTIP Help Desk Comments: (WDTIP Help Desk completes section 6-12)	
Problem Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date Passed to Application Support Team: _____	
Ticket Number: _____ Assigned to Team Lead: _____	
7. Date of resolution from WDTIP Help Desk or Team Lead: _____	
8. Resolution:	
9. Date resolution returned to User: _____ Date Tested: _____ Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Happened?	
10. Date Problem Closed: _____ 11. Date Problem Reopened: _____	
12. WDTIP Help Desk Staff Member:	